Post-Traumatic Stress Disorder
October , 2003

1: Behav Res Ther. 2003 Aug;41(8):879-86.

Treatment choice for PTSD.

Zoellner LA, Feeny NC, Cochran B, Pruitt L.

Department of Psychology, Box 351525, University of Washington, Seattle, WA 98195, USA. zoellner@u.washington.edu

The impetus for seeking help for assault-related difficulties often rests upon the victims themselves. Yet, we know very little about what factors influence a woman's decision to seek a particular kind of help after an assault. To learn more about these factors, data from 273 women with varying degrees of trauma history and subsequent PTSD symptoms were collected. All participants read a standard, "if this happened to you, what would you do" scenario describing a traumatic event and subsequent trauma-related psychiatric symptoms. Participants were given the same trauma scenario (i.e., sexual assault) and three treatment options to choose from: sertraline (SER), prolonged exposure (PE), or no treatment. Ratings of treatment credibility, personal reactions to treatment options, and treatment choice were examined. Women were more likely to choose PE than SER for the treatment of chronic PTSD. Perceived credibility of the treatment and personal reactions coincided with women's choices. By better understanding who would choose which treatments for PTSD and why, we will improve our ability to tailor how we approach discussing treatment options with these women.

PMID: 12880643 [PubMed - indexed for MEDLINE]

2: Curr Med Res Opin. 2003;19(3):200-4.

Post-traumatic stress disorder: symptom profiles in men and women.

Green B.

Department of Psychiatry, University of Liverpool and Royal Liverpool University Hospital, UK. bengreen@liverpool.ac.uk

OBJECTIVE: To investigate the symptom frequencies of a relatively large sample of post-traumatic stress disorder (PTSD) sufferers and compare male and female symptom profiles. RESEARCH DESIGN AND METHODS: A total of 103 consecutive attendees at a clinic for PTSD were examined using a checklist of DSM-IV PTSD characteristics. The presence and absence of all symptoms was evaluated in a research interview. Some additional symptoms were also routinely asked about, such as mood lability, substance use, sex drive or libido. Symptom profiles of male and female sufferers of PTSD were compared using the chi-squared statistical test. MAIN OUTCOME MEASURES: Structured interview using checklist of DSM-IV PTSD characteristics. RESULTS: Certain symptoms were present in more than
30% of sufferers. Symptom frequencies for anxiety, insomnia, distressing and recurrent dreams, flashback imagery and intrusive thoughts, irritability, poor concentration, avoidance behaviour and detachment all reached frequencies above 70%. Some symptoms (such as inability to recall parts of the trauma and restricted affect) occurred in no more than 35% of sufferers. CONCLUSIONS: Men are significantly more likely than women to suffer with irritability ($p < 0.05$) and to use alcohol to excess ($p < 0.05$). Symptoms tend to follow an acute stress reaction, occur early and persist for many months. A case is made for restricting the diagnosis to the most prevalent symptoms and for including some often overlooked symptoms in the diagnostic guidelines, namely low mood, mood lability, and impaired libido.

PMID: 12803734 [PubMed - indexed for MEDLINE]

3: Curr Opin Investig Drugs. 2003 Jan;4(1):37-41.

New drug development for post-traumatic stress disorder.

Berlant J.

Department of Psychiatry, University of Washington, Seattle, WA 98195, USA. jberlant@pol.net

US FDA approval of two serotonin-selective reuptake inhibitor (SSRI) agents for post-traumatic stress disorder (PTSD) has created new opportunities for drug development. This follows many years of exploring the potential utility of several classes of psychotropic agents for this very common, yet under-recognized and under-treated disorder. This review examines some of the basic neurobiological abnormalities observed in PTSD and summarizes open and controlled drug trials for major classes of medications, including SSRIs, other antidepressants, atypical neuroleptics, noradrenergic modulators and anticonvulsants, while critically evaluating the extent of effectiveness of these agents and reviewing unmet gaps in therapeutic need.

Publication Types:
Review
Review, Tutorial

PMID: 12625026 [PubMed - indexed for MEDLINE]

4: Curr Psychiatry Rep. 2001 Aug;3(4):288-94.

Post-traumatic stress disorder: a review of recent findings.

Seedat S, Stein MB.

Department of Psychiatry (0985), University of California, San Diego, 9500 Gilman Drive, La Jolla, CA, USA. mstein@ucsd.edu

This article provides an update on recent findings in post-traumatic stress disorder (PTSD) with reference to pertinent epidemiologic, etiologic, diagnostic, and treatment advances in the past year. New studies serve to confirm high prevalence rates in the general population (7% to 12%), and high rates of secondary mood, anxiety, and substance use disorders. Recent substantive evidence has highlighted 1) the unique pattern of biological alteration in PTSD that distinguishes it from the normative stress response, and 2) the role of constitutional risk factors and trauma-related factors in determining disease expression after trauma exposure. The emergence of consistent data suggesting that medications (selective serotonin reuptake inhibitors) and psychotherapies (cognitive-behavior therapy) are effective in reducing core symptoms and improving quality of life, has reinforced optimism and more widespread use of these interventions in patients with PTSD.

Publication Types:
Review
Review, Academic

PMID: 11470035 [PubMed - indexed for MEDLINE]

5: Harv Rev Psychiatry. 2003 Jan-Feb;11(1):37-42.

Acute symptoms and functional impairment related to September 11 terrorist attacks among rural community outpatients with severe mental illness.

Connery HS.

South Shore Mental Health Center, 55 Cherry Lane, Wakefield, RI 02879, USA. hconnery@ssmhc.org

PMID: 12866740 [PubMed - indexed for MEDLINE]

6: J Affect Disord. 2003 Jul;75(2):171-9.

Platelet 5-HT concentration and comorbid depression in war veterans with and without posttraumatic stress disorder.

Muck-Seler D, Pivac N, Jakovljevic M, Sagud M, Mihaljevic-Peles A.

Laboratory for Molecular Neuropharmacology, Rudjer Boskovic Institute, P.O. Box 180, HR-10002, Zagreb, Croatia. seler@rudjer.irb.hr

BACKGROUND: The serotonergic system is implicated in the pathophysiology of posttraumatic stress disorder (PTSD) and depression. The present study focused on platelet serotonin (5-HT) concentration and symptoms of comorbid depression

in war veterans with or without PTSD. METHODS: PTSD and depression were evaluated using Clinician Administered PTSD Scale, Davidson Trauma Scale, Montgomery-Asberg Depression Rating Scale and Hamilton Anxiety Scale. Sixty-five male drug-free war veterans (48 with PTSD and 17 without PTSD) and 65 age- and sex-matched healthy controls were studied. RESULTS: Comorbid depression occurred in 54 and 31% of war veterans with PTSD and without PTSD, respectively. Platelet 5-HT concentration was similar in the groups of depressed and nondepressed war veterans with or without PTSD and healthy controls. Platelet 5-HT concentration was found to differ between war veterans with various degrees of appetite loss. A positive correlation was observed between platelet 5-HT concentration and severity of appetite loss in veterans with PTSD. There was no relationship between platelet 5-HT concentration and severity of other symptoms of PTSD or depression. LIMITATIONS: War veterans included in the study were outpatients. CONCLUSIONS: War veterans with PTSD had a high incidence of comorbid depression,
that was not related to platelet 5-HT concentration. The marked relationship between platelet 5-HT concentration and severity of appetite loss, suggested that 5-HT system is involved in the regulation of appetite, at least in depressed war veterans with PTSD.

PMID: 12798257 [PubMed - indexed for MEDLINE]

7: J Psychosoc Nurs Ment Health Serv. 2003 Jun;41(6):44-9.

Healing broken hearts.

Forster A.

University Hospital at Stony Brook, Stony Brook, New York, USA. Bronie2@aol.com

1. Posttraumatic stress disorder, anxiety, and depression have a significant negative effect on the physical functioning of individuals with coronary artery disease. 2. A diagnosis of major depression is recognized to be an independent risk factor for cardiac events. 3. Preoperative and postoperative interventions can increase individuals' compliance with cardiac and psychiatric self-care after discharge.

PMID: 12812004 [PubMed - indexed for MEDLINE]

8: J Psychosoc Nurs Ment Health Serv. 2003 Jun;41(6):22-31.

Eye movement desensitization and reprocessing. A brief and effective treatment for stress.

Lee GK, Beaton RD, Ensign J.

Department of Psychosocial and Community Health, University of Washington, School of Nursing, Seattle, Washington, USA. bindy_9@yahoo.com

1. Eye movement desensitization and reprocessing (EMDR) is an integrative therapy that "unlocks" disturbing memories or beliefs and reprocessess them, in some way, so they are no longer as disabling. 2. EMDR can be used for any experientially based psychological problems and has proven especially effective for traumatic imagery associated with posttraumatic stress disorder. 3. A primary benefit of EMDR is its time efficiency, requiring as few as 3 to 5 hours

of treatment. 4. Many potential mechanisms (i.e., cognitive, hypnotic, self-disclosure, biological) may account for the effectiveness of EMDR.

Publication Types:
Review
Review, Tutorial

PMID: 12812002 [PubMed - indexed for MEDLINE]

9: Neuropsychopharmacology. 2003 Sep;28(9):1666-76. Epub 2003 Jun 11.

Delta sleep response to metyrapone in post-traumatic stress disorder.

Neylan TC, Lenoci M, Maglione ML, Rosenlicht NZ, Metzler TJ, Otte C, Schoenfeld FB, Yehuda R, Marmar CR.

Department of Psychiatry, University of California, USA. neylan@itsa.ucsf.edu

Metyrapone blocks cortisol synthesis, which results in the stimulation of hypothalamic cortiocotropin-releasing factor (CRF) and a reduction in delta sleep. We examined the effect of metyrapone administration on endocrine and sleep measures in male subjects with and without chronic PTSD. We hypothesized that metyrapone would result in a decrease in delta sleep and that the magnitude of this decrease would be correlated with the endocrine response. Finally, we utilized the delta sleep response to metyrapone as an indirect measure of hypothalamic CRF activity and hypothesized that PTSD subjects would have decreased delta sleep at baseline and a greater decrease in delta sleep induced by metyrapone. Three nights of polysomnography were obtained in 24 male subjects with combat-related PTSD and 18 male combat-exposed normal controls. On day 3, metyrapone was administered during normal waking hours until habitual sleep onset preceding night 3. Endocrine responses to metyrapone were measured in plasma obtained the morning following sleep recordings, the day before and after administration. Repeated measures ANOVAs were conducted to compare the endocrine
and sleep response to metyrapone in PTSD and controls. PTSD subjects had significantly less delta sleep as indexed by stages 3 and 4, and total delta integrated amplitude prior to metyrapone administration. There were no differences in premetyrapone cortisol or ACTH levels in PTSD vs controls. PTSD subjects had a significantly decreased ACTH response to metyrapone compared to controls. Metyrapone caused an increase in awakenings and a marked decrease in quantitative measures of delta sleep that was significantly greater in controls compared to PTSD. The decline in delta sleep was significantly associated with the magnitude of increase in both 11-deoxycortisol and ACTH. The results suggest that the delta sleep response to metyrapone is a measure of the brain response to increases in hypothalamic CRF. These data also suggest that the ACTH and sleep EEG response to hypothalamic CRF is decreased in PTSD.

PMID: 12799616 [PubMed - indexed for MEDLINE]

10: Psychopathology. 2003 Mar-Apr;36(2):65-70.

Gender differences in dissociation. A dimensional approach.

Spitzer C, Klauer T, Grabe HJ, Lucht M, Stieglitz RD, Schneider W, Freyberger HJ.

Department of Psychiatry and Psychotherapy, Ernst Moritz Arndt University, Rostocker Chaussee 70, D-18437 Greifswald/Stralsund, Germany. spitzer@mail.uni-greifswald.de

Considering that epidemiological research on dissociative disorders has suggested a 9 to 1 predominance of female cases, this study investigated the relationship between gender and dissociation using a dimensional approach. A total of 2,153 participants from different diagnostic groups completed the Dissociative Experience Scale. In order to control for the confounding effect of current psychopathology a subgroup 790 subjects additionally completed the SCL-90. We did not find any differences in the general or pathological dissociation scores. Hypothetical gender differences in dissociative psychopathology were not a function of diagnostic categories. There were no significant sex differences in the distribution of high dissociators. Our findings suggest that men and women do not generally differ in dissociative psychopathology. The implications for future investigations on the epidemiology, etiology, and psychobiology of dissociative symptoms are discussed.

PMID: 12766315 [PubMed - indexed for MEDLINE]